

**UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

UNITED STATES OF AMERICA,

Plaintiff,

v.

**COOK COUNTY, ILLINOIS;
THOMAS DART, COOK COUNTY
SHERIFF (in his official capacity);
TONI PRECKWINKLE, COOK COUNTY
BOARD PRESIDENT (in her official capacity);
COOK COUNTY BOARD OF
COMMISSIONERS (in their official capacity),**

Defendants,

No. 10 cv 2946

Judge Virginia Kendall

**Monitor Harry E. Grenawitzke's Report No. 10
April 28, 2015**

**Harry E. Grenawitzke, RS, MPH, DAAS
Grenawitzke & Associates, LLC
50 Sheridan Drive
Monroe, MI 48162
E-mail: harry.grenawitzke@gmail.com**

Executive Summary

April 13-16, 2015

The tenth tour of CCDOC focused primarily on touring divisions and limited meeting with staff. The purpose was to observe evidence of compliance and progress with the provisions of the Consent Agreement between the US Department of Justice Civil Rights Division and Cook County. I monitored implementation of policies and procedures established to address the provisions for Cook County Department of Corrections (CCDOC), Department of Facilities Management (DFM), and Cermak Medical and Mental Health Facilities (Cermak). As part of the tours I interviewed inmates in all divisions visited, correction staff, supervisors, division superintendents, Support Services staff, maintenance personnel, and leadership and staff of Cermak. The results of the tours and responses from conversations provide the information included in this report.

As of the completion of this tour, all 39 provisions of the Consent Agreement are now deemed to be “substantially compliant.” Congratulations. This could not have happened without the dedicated commitment and leadership displayed by management and staff of all three entities. First and foremost I want to extend my appreciation to all the leadership and staff of DFM, CCDOC, and Cermak for their hospitality and generosity with their time and support. The cooperation and willingness of Bilqis Jacob-El of DFM, Cara Smith of CCDOC, Dr. John Raba, and Peter Daniels of Cermak to share their ideas and suggestions for improvement are clearly recognized. I also want to commend Sheriff Thomas Dart for his leadership, his commitment to continually improve the conditions of confinement at CCDOC and his dedication to his staff. His leadership as demonstrated by the many initiatives has clearly changed the perceptions of CCDOC. He continues to earn my respect and that of his leadership team. I also want to recognize Bilqis Jacob-El of DFM and Dr. John Raba and Peter Daniels of Cermak for their commitment to continually improve DFM and Cermak respectfully.

Specifically the last two provisions G.83b and G. 83i are now “substantially compliant. There are 35 of 39 provisions that have continued to demonstrate “substantial compliance for a minimum of 18 months. The four that have not are 83.b, 83.i, 84.b, and 84.c. I expect that as of the next tour the last two provisions (84.b and 84.c) will be added to those that have demonstrated sustainability. Significant progress and improvements highlighted in the report include:

1. Continued reduction of detainees to less than 9000.
2. Continued improvement in sanitation in most of the divisions;
3. Implementations of the policy to assure detainees have ready access to hygiene items.
4. Divisions IV and V continue to be vacant and female detainees are in Division III;
5. Complete reconstruction of the showers in Division I by DFM;
6. Ongoing progress in the DFM building initiative program within Division VI with removal of floor tiles completed for upper and lower tiers 1D;
7. Completing emergency lighting on the catwalks of Division I Tiers, C-3, C-4, d-3, D-4, and F-1;
8. Replacing of leaking slop sinks for Division II Dorm 3 H, F, and DD;
9. Shower Unit B-1 in Division III was refurbished;
10. Continued significant reduction in the maintenance backlog for all work orders, but specifically plumbing and electrical;
11. Significant improvement in organization and sanitation throughout the Cermak infirmary and clinics;

Recognizing the progress identified above, there are also some issues that remain or have not demonstrated improvement or in some cases have regressed and now require management attention from

interagency management and/or respective organization before the next tour. Among these are:

1. The need to continually work to improve utilization of the Central Laundry for detainee's personal clothing especially in Divisions II, VI, IX, and XI;
2. Assuring that all division superintendents, commanders and supervisors recognize their health, safety and security along with the inmates to which they are assigned to protect to assure that housing units are maintained clean, free of excess food, elimination of inmate ropes, fire hazards, and in good repair
3. CCDOC needs to obtain an adequate amount of power washers to maintain showers in Division VIII clean and free of soap scum build-up. I suggest at least one power washer per floor with one reserve. Also because that building is not equipped with adequate floor drains, CCDOC needs to increase the number of wet vacuums available to rapidly remove water from inmate caused floods in the dormitories and cells.
4. Cermak needs acquire enough hospital beds for inmate patients and eliminate the need for "boats". As identified in the previous report, assure that as specified in the American Correction Association Performance Based Standards states that Multiple –occupancy rooms/cells that house between two and 64 occupants provide at least 35 square feet of unencumbered space where confinement exceeds ten hours per day. There are far too many inmates housed in dormitories within Cermak for the amount of space available.
5. CCDOC, through its fire safety committee assure that fire drills are effectively documented and a comprehensive review of the reports is completed to identify gaps in either training or procedures. On this tour fire drill report formats are inconsistent, most make no

recommendations for improvement and there is no evidence of a formal review process.

As always I remain available to assist in helping staff understand the need for and review ideas to solve them.

Sincerely,

Harry F. Grenawitzke, RS, MPH, DAAS

Monitor for Fire, Life Safety and Environmental Health

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
C.	Medical Care			
C. 53	Treatment and Management of Communicable Disease			
C. 53e	Cermak shall ensure that the negative pressure and ventilation systems function properly. Following CDC guidelines, Cermak shall test daily for rooms in-use and monthly for rooms not currently in-use. Cermak shall document results of such testing.	3/11 8/11 12/11 2/13 9/13 3/14 10/14 4/15	9/10 7/12	
C. 53f	Cermak shall notify DFM, in a timely manner, of routine and emergency maintenance needs, including plumbing, lighting and ventilation problems.	7/12 2/13 9/13 3/14 10/14 4/15	3/11 8/11 12/11	9/10
F.	Fire and Life Safety			
F. 71	CCDOC and DFM shall work together to develop and implement a fire safety program and ensure compliance is appropriately documented. The initial Fire Safety Plan shall be approved by the fire prevention authority having jurisdiction. The Fire Safety Plan shall be reviewed thereafter by the appropriate fire prevention authority at least every two years, or within six months of any revisions to the plan, whichever is sooner. Fire safety and	12/11 7/12 2/13 9/13	9/10 3/11 8/11	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
	emergency procedures shall be standardized across divisions, to the extent possible given differences in physical plant and security levels.	3/14 10/14 4/15		
F. 72	CCDOC shall develop and implement an evacuation plan for inmates and staff and ensure that comprehensive fire drills are conducted every three months on each shift. CCDOC shall document these drills, including start and stop times and the number and location of inmates who were moved as part of the drills.	12/11 7/12 2/13 9/13 3/14 10/14 4/15	Not Assessed 9/10 3/11 8/11	
F. 73	DFM shall ensure that the Facility has adequate fire and life safety equipment, including installation and maintenance of fire alarms and smoke detectors in all housing areas according to applicable fire codes. Maintenance and storage areas shall be equipped with sprinklers or fire resistant enclosures in accordance with City of Chicago Fire Code (13-76-010).	7/12 2/13 9/13 3/14 10/14 4/15	9/10 3/11 8/11 12/11	
F. 74	DFM shall ensure that all fire and life safety equipment is properly maintained and routinely inspected. DFM shall develop and implement a program related to the testing, maintenance and inspection of the Life Safety Equipment.	3/11 8/11 12/11 7/12	9/10	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
		2/13 9/13 3/14 10/14 4/15		
F. 75	CCDOC shall continue to ensure that emergency keys are appropriately marked and identifiable by touch and consistently stored in a quickly accessible location, and that staff are adequately trained in use of the emergency keys.	2/13 9/13 3/14 10/14 4/15	9/10 3/11 8/11 12/11 7/12	
F. 76	CCDOC shall ensure that staff are able to manually unlock all doors (without use of the manual override in the event of an emergency in which the manual override is broken), including in the event of a power outage or smoke buildup where visual examination of keys is generally impossible. CCDOC shall conduct and document random audits to test staff proficiency in performing this task on all shifts, a minimum of three times per year. CCDOC shall conduct regular security inspections of all locking mechanisms. CCDOC shall communicate with DFM via the Work Order System regarding lock-related issues and maintenance.	2/13 9/13 3/14 10/14 4/15	9/10 3/11 8/11 12/11 7/12	
F. 77	DFM shall develop and implement an annual preventative maintenance program concerning security devices such as doors locks, fire and smoke barrier doors, and manual unlocking mechanisms to ensure these devices function properly in the event of an emergency.	3/11 8/11 12/11 7/12 2/13	Not Assessed 9/10	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
		9/13 3/14 10/14 4/15		
F. 78	CCDOC shall implement competency-based testing for staff regarding fire and emergency procedures.	8/11 12/11 7/12 2/13 9/13 3/14 10/14 4/15	Not assessed 9/10 x3/11	
F. 79	CCDOC shall promptly notify DFM of all electrical hazards, including maintenance and repair of electrical outlets, devices, and exposed electrical wires.	7/12 2/13 9/13 3/14 10/14 4/15	9/10 3/11 8/11 12/11	
F. 80	DFM shall promptly repair all known electrical hazards, including maintenance and repair of electrical outlets, devices, and exposed electrical wires and will document repairs by the Work Order System.	3/11 8/11 12/11 7/12	9/10	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
		2/13 9/13 3/14 10/14 4/15		
F. 81	CCDOC shall ensure that combustibles are controlled and eliminate highly flammable materials throughout the facility and inmate living areas (e.g., inmates 'use of paper bags as trash receptacles, ripped fire-retardant mattress covers, improvised cell light covers, blankets on cell floors, and improperly stored and labeled flammable liquids and other chemicals).	9/13 3/14 10/14 4/15	3/11 8/11 12/11 7/12 2/13	9/10
F. 82	CCDOC shall ensure that fire safety officers are trained in fire safety and have knowledge in basic housekeeping, emergency preparedness, basic applicable codes, and use of fire extinguishers and other emergency equipment.	7/12 2/13 9/13 3/14 10/14 4/15	Not Assessed 9/10 3/11 8/11	
G	SANITATION AND ENVIRONMENTAL CONDITIONS			
G. 83	Sanitation and Maintenance of Facilities			
G. 83a	DFM shall maintain an adequate written staffing plan and sufficient staffing levels to provide for adequate maintenance of the Facility.	8/11 12/11 7/12 2/13	9/10 3/11	

Section	Language	Substantial Compliance	Partial Compliance	Non- compliance
		9/13 4/14 10/14 4/15		
G. 83b	CCDOC shall revise and implement written housekeeping and sanitation plans to ensure the proper routine cleaning of housing, shower, and medical areas, in accordance with generally accepted correctional standards. Such policies should include oversight and supervision, including meaningful inspection processes and documentation, as well as establish routine cleaning requirements for toilets, showers, and housing units.	4/15	9/10 3/11 8/11 12/11 7/12 2/13 9/13 3/14 10/14	
G.83c	DFM shall implement a preventive maintenance plan to respond to routine and emergency maintenance needs, including ensuring that shower, toilet, and sink units are adequately maintained and installed.	3/11 8/11 2/11 7/12 2/13 9/13 3/14 10/14 4/15	9/10	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
G. 83d	CCDOC shall notify DFM, in a timely manner, of routine and emergency maintenance needs, including plumbing, lighting, and ventilation problems.	7/12 2/13 9/13 3/14 10/14 4/15	8/11 12/11	9/10 3/11
G.83e	DFM shall ensure adequate ventilation throughout the Facility to ensure that inmates receive an adequate supply of air flow and reasonable levels of heating and cooling. DFM staff shall review and assess compliance with this requirement on a daily basis for automated systems and on an annual basis for non-automated systems.	3/11 12/11 7/12 2/13 9/13 3/14 10/14 4/15	9/10	
G. 83f	CCDOC shall notify DFM of any visible obstructions to the ventilation system.	7/12 2/13 9/13 3/14 10/14 4/15	3/11 8/11 12/11	9/10
G. 83g	Cook County shall ensure adequate lighting in all inmate housing	2/13	9/10	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
	and work areas.	9/13 3/14 10/14 4/15	3/11 8/11 12/11 7/12	
G. 83h	CCDOC shall ensure adequate pest control throughout the housing units, medical units, RCDC, RTU, and food storage areas. CCDOC shall maintain a contract for professional exterminator services for each division, food services areas, and the Cermak hospital. Services should provide for routine pest control spraying and additional spraying as needed.	2/13 9/13 3/14 10/14 4/15	9/10 3/11 8/11 X12/11 X 7/12	
G. 83i	CCDOC shall ensure that all inmates have access to needed hygiene supplies.	4/15	Not Assessed 9/10 or 3/11 8/11 12/11 7/12 2/13 9/13 3/14 10/14	
G. 83j	CCDOC shall develop and implement policies and procedures for cleaning, handling, storing, and disposing of biohazardous materials, in accordance with generally accepted correction standards. CCDOC shall ensure that any inmate or staff utilized to	2/13 9/13	Not Assessed 9/10	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
	clean a biohazardous area are properly trained in universal precautions, are outfitted with protective materials, and receive proper supervision when cleaning a biohazardous area.	3/14 10/14 4/15	3/11 8/11 12/11 7/12	
G. 83k	DFM shall develop a policy on hazardous materials, in accordance with generally accepted correctional standards, and insure that all DFM staff is properly trained on the procedure.	7/12 2/13 9/13 3/14 10/14 4/15	8/11 12/11	9/10 3/11
G. 83l	CCDOC shall provide and ensure the use of cleaning chemicals that sufficiently destroy the pathogens and organisms in biohazard spills.	8/11 12/11 7/12 2/13 9/13 3/14 10/14 4/15	Not Assessed 9/10 3/11	
G. 83m	CCDOC shall inspect and replace as often as needed all frayed and cracked mattresses. CCDOC shall destroy any mattress that cannot	8/11	3/11	9/10

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
	be sanitized sufficiently to kill any possible bacteria. CCDOC shall ensure that mattresses are properly sanitized between uses.	2/11 7/12 2/13 9/13 10/14 4/15		
G. 83n	CCDOC shall ensure adequate control and observation of all housing units, including distribution and collection of razors and cleaning supplies. All cleaning tools and hazardous chemical shall be removed from housing areas after use.	8/11 12/11 7/12 2/13 9/13 3/14 10/14 4/15	9/10 3/11	
G. 83o	CCDOC shall ensure that Facility sanitarians receive training from a relevant state, national, or professional association with emphasis on assessment of environmental health practices and emerging environmental issues in correctional settings. Facility sanitarians should also have training on and access to testing equipment to ensure sanitary conditions.	12/11 7/12 2/13 9/13 3/14 10/14	9/10 3/11 8/11	

Section	Language	Substantial Compliance	Partial Compliance	Non- compliance
		4/15		
G. 84	Sanitary Laundry Procedures			
G. 84a	CCDOC shall develop and implement policies and procedures for laundry procedures to protect inmates from risk of exposure to communicable disease, in accordance with generally accepted correctional standards. To limit the spread of communicable disease, CCDOC shall ensure that clothing and linens returned from off-site laundry facility are clean, sanitized, and dry.	8/11 12/11 7/12 2/13 9/13 3/14 10/14 4/15	9/10 3/11	
G. 84b	CCDOC shall ensure that inmates are provided adequate clean clothing, underclothing and bedding, consistent with generally accepted correctional standards, and that the laundry exchange schedule provides consistent distribution and pickup service to all housing areas.	3/14 10/14 4/15	3/11 8/11 12/11 7/12 2/13 9/13	9/10
G. 84c	CCDOC shall train staff and educate inmates regarding laundry sanitation policies.	3/14 10/14 4/15	8/11 12/11 7/12 2/13 9/13	9/10 3/11

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
G. 84d	CCDOC shall ensure that laundry delivery procedures protect inmates from exposure to communicable diseases by preventing clean laundry from coming into contact with dirty laundry or contaminated surfaces.	12/11 7/12 2/13 9/13 3/14 10/14 4/15	9/10 3/11 8/11	
G. 84e	CCDOC shall require inmates to provide all clothing and linens for laundering and prohibit inmates from washing and drying laundry outside the formal procedures. (* In the Monitor Report #V dated July 20, 2012; this provision was inadvertently recorded "substantial compliance." The provision should have been recorded "partial compliance.")	9/13 3/14 10/14 4/15	9/10 3/11 8/11 12/11 7/12* 2/13	
G. 85	Food Service			
G. 85a	CCDOC shall ensure that all food service at the Facility is operated in a safe and hygienic manner and that foods are served and maintained at safe temperatures.	9/13 3/14 10/14 4/15	3/11 8/11 12/11 7/12 2/13	9/10
G. 85b	CCDOC shall ensure that all food service staff, including inmate staff, must be trained in food service operations, safe food handling	7/12	9/10	

Section	Language	Substantial Compliance	Partial Compliance	Non- compliance
	procedures, and appropriate sanitation.	2/13 9/13 3/14 10/14 4/15	3/11 8/11 12/11	
G. 85c	CCDOC shall ensure that the Central Kitchen and Division XI kitchen are staffed with a sufficient number of appropriately supervised and trained personnel.	2/13 9/13 3/14 10/14 4/15	9/10 3/11 8/11 12/11 7/12	
G. 85d	CCDOC shall ensure that dishes and utensils, food preparation and storage areas, and vehicles and containers used to transport food are appropriately cleaned and sanitized.	2/13 9/13 3/14 10/14 4/15	9/10 3/11 8/11 12/11 7/12	
G. 85e	CCDOC shall check and record, on a regular basis, the temperatures in the refrigerators, coolers, walk-in-refrigerators, the dishwasher water, and all other kitchen equipment with temperature monitors to ensure proper maintenance of food service equipment.	7/12 2/13 9/13 3/14 10/14 4/15	9/10 3/11 8/11 12/11	

STATUS REPORT

DATE OF STATUS REPORT: 10/17/14

PROVISION: C. MEDICAL CARE

53. Treatment and Management of Communicable Disease

e. Cermak shall ensure that the negative pressure and ventilation systems function properly. Following CDC guidelines, Cermak shall test daily for rooms in-use and monthly for rooms not currently in-use. Cermak shall document results of such testing.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

Since July, 2012 the Department of Facilities Management (DFM) continues to monitor and record the results of the negative pressure testing for the 18 isolation cells located on the third floor (3-E) of Cermak, along with the enunciator panel once each shift. Work orders are submitted and appropriate repairs made when monitoring demonstrates non-compliance. Occupational and Environmental Hygiene Services at the Great Lakes Center for Occupational and Environmental Safety and Health at the University of Illinois, Chicago, conducts a full testing of the ventilation system annually. Copies of those reports are provided to the Chief Medical Officer of Cermak.

Monitor's Assessment: There is no change from the previous report. The pressure monitoring by DFM is included in their Preventative Maintenance Schedule. The checks are documented in logs maintained by DFM. On this tour, only one isolation cell was occupied. However, it was not being used for a medical issue requiring a negative pressure cell. This provision continues to be in substantial compliance.

Monitor's Recommendations:

1. No further recommendations.

PROVISION: C. MEDICAL CARE

53. Treatment and Management of Communicable Disease

f. Cermak shall notify DFM, in a timely manner, of routine and emergency maintenance needs, including plumbing, lighting and ventilation problems.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

Cermak continues to submit work orders through the "Facility Wizard" work order system utilized by Department of Facilities Management for all emergency and routine repairs as well

as scheduled maintenance. Cermak's Environmental Services Director or Assistant Director of Plant Operations/Environmental Services submits all work order requests to DFM electronically. They have the capability at any time to monitor the status of work order. The interface for "Facility Wizard" system that allows Cermak to access information on DFM work order repairs continues to operate effectively since its inception in April, 2012. Cermak's Environmental Services Director has the ability to monitor progress for all outstanding work orders through the online database.

Monitor's Assessment:

Cermak's Environmental Services Director submits many of the work orders. As a result of the previous tour Cermak management staff, nursing and compliance staff, along with CCDOC Sanitarians and DFM initiated bi-weekly inspections throughout the infirmary and the division specific dispensaries. Those inspections have worked to effectively identify issues requiring DFM maintenance. A review of work orders submitted also demonstrated that DFM staff has initiated work orders as a result of their continual work there. Again on this tour I noted non-functioning emergency call lights in 3-E. This has been an ongoing issue for at least the past three tours. Prior to the tour DFM decided to initiate a capital project to replace the aging emergency call lighting system throughout the Cermak infirmary. This should resolve this issue. Cermak management staff needs to continue the bi-weekly inspection tours of the infirmary and dispensaries until they are assured that ongoing maintenance issues are quickly addressed. The progress made since the previous tour is significant and the provision will remain in substantial compliance. If, however, on the next tour, the corrective action is not completed, the compliance status will be moved to either partial or non-compliance.

Monitor's Recommendations:

1. Cermak needs to establish the Cermak infirmary and dispensary inspection program as a formal Cermak policy. The policy should include a process to formally document the results of each inspection and include a method to assure not only correction, but corrective action of the cause of the issue.
2. Cermak management needs to develop a written procedure to require at least daily monitoring of the patient emergency call button system to assure that inmates assigned to housing in the medical and mental health tiers have the ability to alert staff in the event of an emergency.
3. As requested in the previous report, please provide me with the Cermak documented procedure as to how non-conformances identified during routine inspections will be addressed Cermak's Environmental Services staff including a root cause analysis and the

implementation and monitoring of “corrective action” that addresses the cause of the non-conformity, not just the correction.

PROVISION: F. FIRE AND LIFE SAFETY

71. CCDOC and DFM shall work together to develop and implement a fire safety program and ensure compliance is appropriately documented. The initial Fire Safety Plan shall be approved by the fire prevention authority having jurisdiction. The Fire Safety Plan shall be reviewed thereafter by the appropriate fire prevention authority at least every two years, or within six months of any revisions to the plan, whichever is sooner. Fire safety and emergency procedures shall be standardized across divisions, to the extent possible given differences in physical plant and security levels.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

The Interagency Committee consisting of the Directors of CCDOC, DFM, and Cermak created the Fire Safety Committee (FSC) in August, 2010. They continue to meet monthly to review and assess the fire safety and prevention systems and make improvements to it. The program is documented in accordance with the provisions of the consent agreement. The Fire Safety committee consists of representatives from the Office of the Sheriff, Department of Corrections, Cermak Health Services, and the Department of Facilities Management. Each division within CCDOC has a documented “Fire Safety and Emergency Plan” which includes the procedure to follow in case of a fire and a detailed emergency evacuation procedure. These plans have been reviewed by the City of Chicago Fire Department. The Chicago Fire Department in correspondence dated Dec. 24, 2013 has accepted the CCDOC Fire Evacuation and Emergency plans and the General Orders as written. Further the City of Chicago fire inspectors complete an inspection of CCDOC annually. The 2015 inspection was completed January 6-8. They have found either full compliance with previously identified violations or that they were in the process of being corrected. Currently a fire prevention inspector from the Chicago Bureau of Fire Prevention visits the complex to provide advice to personnel on fire safety issues. Scheduled, unannounced fire drills are conducted regularly on all shifts for all divisions. When available, an inspector from the Fire Prevention Bureau, along with the responding fire station firefighters participates as part of their response training.

CCDOC, DFM, and Cermak issued the Interagency Directive, 64.5.30.0, effective date of August 22, 2011 that establishes the policy and procedures for Fire Safety Plans, fire emergency response, and evacuations within CCDOC. The Directive establishes the respective roles and responsibilities for CCDOC, Cermak, and DFM relating to Fire Safety Plans, emergencies and evacuations. CCDOC has a designated fire safety administrator and fire safety officer position and each division has designated trained safety officers assigned for each shift including weekends and holidays. Fire Safety Training is offered a minimum of twelve times per year for current Supervisors and Officers. In addition new recruits receive at the Sheriff’s Training Institute located in Moraine Valley Community College. These classes are taught by Deputy Director Cook County Sheriff’s Office, Training Institute, who also chairs the

interagency Fire Safety Committee. The Fire Safety Interagency Agreement requires divisional Safety Officers to conduct weekly fire safety inspections of all housing, administrative, medical clinics, storerooms, maintenance rooms, classrooms, and common areas within their respective divisions and that fire drills be conducted quarterly on each shift in all divisions. CCDOC General Order 24.11.1.0 was revised to require these inspections. General Order 24.11.1.1 was issued on October, 3, 2014

Monitor's Assessment:

Since its inception, I have continued to receive and review the summaries of the meetings of the Interagency Fire Safety Committee.

In reviewing the meeting summaries provided prior to this tour I noted that Cermak's representative continues to be a representative of Environmental Services. Cermak should consider one representative from Environmental Services and one management representative to assure that the committee considers the needs of medical and mental health inmates as it relates to fire safety and evacuation requirements. Cermak needs to be represented by a person with authority to make decisions on behalf of Cermak's patients, staff, both from a medical and security perspective. The Interagency Directive continues to be in effect. Since October, 2011 drills continue to be conducted throughout the entire complex more frequently than required in the Interagency Directive. There is a post drill written report and formal review of every drill with participants and the fire safety committee. CCDOC develops the fire drill schedule for each division and the written drill report is reviewed by the Committee to identify additional training needs.

As a result of this tour I suggest that the Fire Safety Committee consider reviewing its role and establish a process with training to fully investigate the cause of all smoke and fire events to identify the ignition source, along with their review of drills, and inspection to make necessary changes to improve both policy and training. As of this tour there has been a slight increase in both fire and smoke events apparently as a result of the temporary discontinuation of the use of microwaves due to equipment damage. In 2015, to date, the Fire Safety Committee conducted Safety Officer Training classes for 125 new or recertified safety officers.

While there will always be recommendations to continue improving the fire safety and prevention system, the provision continues to be in substantial compliance.

Monitor's Recommendations:

1. Continue the fire safety training for all correction officers. Assure that correction officers assigned to a specific division understand the fire safety plan for that division and are able to demonstrate through drills effective implementation of it during an emergency.
2. Assure that Cermak management is represented on the Interagency Fire Safety Committee that can contribute to assure both patients and staff issues are addressed.

3. Complete the revision process for the Interagency Directive for Fire Safety, Fire Emergency, and Fire Evacuation 64.5.30.0 to assure that they reflect current operations, regulations, and practice. The review needs to be completed at least every two years in accordance with the consent agreement.
4. Continue the unannounced fire drills on all shifts as planned, along with the review of each drill completed by the CCDOC Safety Administrator. Document all corrective actions taken for any identified non-conformances. The Interagency Fire Safety Committee should also review quarterly results of fire drills and make adjustments to the Safety Plan and training as necessary.

72. CCDOC shall develop and implement an evacuation plan for inmates and staff and ensure that comprehensive fire drills are conducted every three months on each shift. CCDOC shall document these drills, including start and stop times and the number and location of inmates who were moved as part of the drills.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

Based on the correspondence referenced in Provision 71 above, division specific Fire Safety and Emergency Plans that include detailed evacuation plans are complete and have been reviewed by the Chicago Fire Department. The Interagency Fire Safety Committee reviews these plans, along with the division safety officers to assure they remain current. The Fire Safety Committee has implemented a division specific fire evacuation and emergency key egress box training program to assure that when officers are assigned to a specific division, they are adequately trained in that division's emergency egress key location, response and evacuation procedures.

CCDOC is currently conducts one fire drill per month on each shift that includes the movement of inmates for each division. Extinguishers are brought to the drill locations. While the consent agreement is not clear as to whether the drill frequency is for the entire complex or within each division, the Fire Safety Committee's intent is that all divisions are drilled 12 times annually over all three shifts. Written reports are completed and reviewed for non-conformities and corrective action taken including retraining following the drills. This provision is substantially compliant.

Monitor's Assessment:

I did not witness any fire drills during the tour. However, following the tour, I asked and received copies of drills from each of the divisions. In reviewing those reports, it is clear that the policy of reviewing the drill results by the Fire Safety Committee is not occurring consistently. Further, the drills are not being documented consistently. For example, in Division XI, what was provided was just a list of drill dates on an unsigned report. There were no drill reports for any of the drills. More importantly in reviewing the drill reports provided from other divisions, with the exception of two recommendations from Division I asking recommending that drill frequency be increased to assure officers understand drill response, not one other report had any recommendations to improve policy, training , or response. On some of the reports that were handwritten, the recommendation section was typed "No recommendations";

suggesting that the form was pre-written. This does not comply with the Interagency Policy nor the provision requirement of documenting drills. I will not change the provision of substantial compliance unless the next tour does not show corrective action.

Monitor's Recommendations:

1. I am requesting the Fire Safety Committee to conduct an investigation into the fire drill policy lack of implementation, identify the root cause of why the policy is not being implemented as written, and a written corrective action plan to assure that the root cause is completed. I expect this report within 30 days of receiving the written report.
2. Continue fire drills on the monthly schedule for each shift and division with documentation that follows the agreed order. Maintain an updated record showing the last date any housing unit has conducted a fire drill to be able to demonstrate that drills are reasonable being spread throughout each Division.
3. Maintain and provide me with a list of dates and locations of all fire drills completed for 2015, and provide me a summary of the quarterly assessments from the Fire Safety Committee that include recommendations for improvements in the applicable policies, procedures and for both initial and refresher training prior to the December, 2015 tour.
4. Establish as part of the fire safety General Order a process so that all emergency flashlights are continually functioning and batteries fully charged.

73. DFM shall ensure that the Facility has adequate fire and life safety equipment, including installation and maintenance of fire alarms and smoke detectors in all housing areas according to applicable fire codes. Maintenance and storage areas shall be equipped with sprinklers or fire resistant enclosures in accordance with City of Chicago Fire Code (13-76-010).

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

The Department of Facilities Management (DFM) has the responsibility to provide and maintain all fire and life safety equipment within the CCDOC complex. All housing areas, kitchens, maintenance facilities etc. are provided with an adequate number of functioning fire extinguishers, fire alarms and smoke detectors in accordance with the City of Chicago Fire Code. Testing and maintenance is conducted annually on all fire and life safety equipment by a locally licensed company under contract with DFM. DFM maintains a register (log) identifying the location all applicable fire and life safety equipment including fire alarms, smoke detectors, fire extinguishers, fire panels, emergency key egress boxes, flammable cabinets, and a division specific chemical inventory list throughout the complex. They have installed fire resistant cabinets for flammable chemicals in all maintenance shops where they are stored. DFM has implemented Policy (09-03-04) for safe and effective storage of all hazardous materials. The Chicago Fire Department has assessed the placement of flammable cabinet locations and although they

will not provide a written acceptance as described in Provision 71 above, their representative stated that the storage locations were acceptable.

DFM maintains a binder sorted by division and by floor that show through color codes the location of all maintenance shops, mechanical rooms, closets, stairwells, plumbing chases, fire panels, and emergency key egress boxes. A copy of the binder is provided to the Chicago Fire Department, is readily accessible and provided to each division's designated safety officer, and the CCDOC Fire Safety Officer. DFM participates and provides updates of issues and changes through the Fire Safety Committee.

Monitor's Assessment:

There is no change from the previous report. DFM maintains an up-to-date register of all fire safety and emergency devices including alarms, extinguishers, strobes, pull stations, and extinguishers for each division. I reviewed the binder described above and found it to be well organized and a valuable tool in case of an emergency. Each division's safety officer maintains a copy of their division's floor plan and inventory book. Engineering Security & Sound Inc. and Door Systems Inc. have completed the 2014 fire alarm testing for all divisions. 2015 inspections are scheduled as part of preventative maintenance. Annual fire pump tests for 2015 are not due until April for all Divisions that have Fire Pumps. All inspections are included as part of the work order system.

This provision continues to in substantial compliance with the consent agreement.

Monitor's Recommendations:

1. Assure that the fire and life safety inspections for Division VIII are included in the 2015 preventative maintenance schedule.

74. DFM shall ensure that all fire and life safety equipment is properly maintained and routinely inspected. DFM shall develop and implement a program related to the testing, maintenance and inspection of the Life Safety Equipment.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

Facilities Management continues to implement their policy #10-01-01, "Required Testing, Inspection, and Maintenance of Life Safety Systems." This policy and procedure outline required testing in accordance with NFPA requirements. It includes weekly and monthly generator testing, monthly fire department connections inspection, monthly fire pump churn testing, monthly fire extinguisher inspection, annual fire pump testing, annual fire alarm testing, annual main drain testing, and annual elevator testing. Included in the policy is the requirement for documented corrective action when non-conformities are identified. Required testing, inspection, and maintenance for all life safety systems are scheduled and maintained through the "Facility Wizard" work order system as part of the preventative maintenance program.

The fire extinguishers are all bar coded. The bar code is tied to a spread sheet allowing DFM to know the dates when annual and six year testing is required

Monitor's Assessment:

I did not find any issues during this tour. All fire extinguishers I checked throughout the complex had been inspected for April, 2015 and the tags updated as required. DFM maintains a report summarizing the annual testing, inspection and maintenance for all fire and life safety equipment.

Monitor's Recommendations:

1. No further recommendations.

75. CCDOC shall continue to ensure that emergency keys are appropriately marked and identifiable by touch and consistently stored in a quickly accessible location, and that staff are adequately trained in use of the emergency keys.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

The Security and Key Control Interagency Directive was issued effective January 1, 2012. It requires that each Division have a "red" emergency key access box located in the control room. That box contains the key that opens a second box containing all emergency keys for all housing unit doors. The key box is locked and has a security seal that has to be broken to gain access. The policy further requires that any time the seal is broken, including during an emergency, the Watch Commander be notified, an incident report written, and a work order submitted requiring the DFM locksmith to reseal the box.

All emergency egress keys are color coded and have a two inch glow stick attached to the key ring. Restricted keys are those specifically assigned to designated personnel with the authority of the respective division superintendent or DFM's Deputy Director/OEIV. These keys are color coded differently than the egress keys. General keys are specifically designated keys for everyday use including the library, classrooms, recreation rooms, etc., and are also color coded. Emergency access keys for all DFM maintenance shops and mechanical rooms and closets are maintained in the Superintendent's office of Division XI. Emergency access keys for DFM shops for Divisions I, II, III, IV and V are housed in the Superintendent's office in Division V. Emergency keys for Divisions VI, IX, X and the new VIII are housed in the Superintendent's office in Division IX. Division XI will continue to maintain the keys for maintenance shops located there.

The emergency keys for access to all DFM shops and storage areas are located in Division IX for all shops and storage areas other than Division XI and Boot Camp. The keys for those shops are located in Division XI. The key access systems are tested quarterly by DFM to assure they are readily accessible.

Monitor's Assessment:

There is no change from the previous report. During this tour I spot monitored the emergency keys in Division XI and found all emergency key rings were equipped with glow sticks as required. When asked, officers in control rooms correctly demonstrated the emergency key access procedure by breaking the seal to the locked cabinet. Training continues to be provided for Administrative Relief Teams (ARTs) on emergency key access procedure. CCDOC needs to at least annually test all emergency keys to assure they are able to open the designated locks.

Monitor's Recommendations:

1. Establish as part of the fire safety plan a process to at least annually test all emergency keys to assure they can open the designated locks.

76. CCDOC shall ensure that staff are able to manually unlock all doors (without use of the manual override in the event of an emergency in which the manual override is broken), including in the event of a power outage or smoke buildup where visual examination of keys is generally impossible. CCDOC shall conduct and document random audits to test staff proficiency in performing this task on all shifts, at a minimum of three times per year. CCDOC shall conduct regular security inspections of all locking mechanisms. CCDOC shall communicate with DFM via the Work Order System regarding lock-related issues and maintenance.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update: Emergency keys for each division are stored in a secure control room. All keys have been equipped with glow sticks that to allow staff to easily identify a specific key in the case where vision is impaired because of smoke or fire. The Fire Safety Committee explained that on every shift, the officer assigned to the unit or tier inspects all locking mechanisms and reports any issues through the DFM work order system. The Fire Safety Committee has implemented an "Egress Key Exercise for each Division on all shifts by all personnel. Egress key accessibility and process are also included as part of the routine unannounced fire drills as described above.

Monitor's Assessment:

There is no change from the previous report. During this visit, I did not test officers on the use of emergency keys. However, in assessing emergency keys in Division XI

Monitor's Recommendations:

1. Continue testing the egress key exercise for all divisions during fire drills.
2. Provide evidence that the testing of door locks and what to do if a lock fails is included on the correction officer's training syllabus.

77. DFM shall develop and implement an annual preventative maintenance program concerning security devices such as doors locks, fire and smoke barrier doors, and manual unlocking mechanisms to ensure these devices function properly in the event of an emergency.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

The annual inspection of door locks, fire and smoke barrier doors, and manual unlocking mechanisms is included on the “Facility Wizard” work order system as a standing order. DFM has a three-year contract with a local company to conduct those inspections. The annual inspections are completed by the same contractor that inspects smoke detectors, fire alarms, and smoke detectors.

Monitor’s Assessment:

There is no change from the previous report. Between June and August, Door Systems Inc. completed its 2014 annual inspection of all door locks, fire and smoke barrier doors, and manual unlocking mechanisms through the same outside vendor that inspected smoke detectors, fire alarms and smoke detectors. The 2015 inspection will be completed as last year from June through August. I will continue to monitor compliance with this provision.

Monitor’s Recommendations:

1. Continue the monitoring program as scheduled.
2. No further recommendations.

78. CCDOC shall implement competency-based testing for staff regarding fire and emergency procedures.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

CCDOC through the Interagency Fire Safety Committee has implemented the competency based safety officer proficiency examination. It is given to all safety officers. They have also completed training for divisional supervisors and shift commanders. The test is based on the Interagency Directive for Fire Safety, Emergency, and Evacuation and CCDOC General Order 24.11.1.0. There are currently two versions of the test that can be alternated between classes or trainings. The Directive specifically requires fire safety orientation for correction officers during the annual training program in accordance with the current CCDOC General Order. CCDOC has issued the division specific Orientation Handbook. It is the responsibility for all CCDOC staff to fully understand expectations and responsibilities for a variety of fire safety and sanitation topics. It includes sections on Safety and Sanitation Inspections of Living Units (General Order #24.9.9.0), Fire Safety (Interagency Directive 64.5.30.0), Egress Keys, Chain of Command, Inmate Count Procedures, and Compound Lockdown Levels. Each handbook includes a

floor specific site map identifying key locations specific to safety within the division such as fire annunciators, extinguishers, fire alarm pull boxes, chemical control rooms, mechanical rooms, generators, and chases. Each division has a unique written test for officers to complete after reviewing the divisional handbook. ARTs are provided the division's Fire Safety Training binder containing a signature sheet, divisional egress key box location and divisional floor plans with emergency evacuation routes. Superintendents are required to assure that the ARTs have read and understand its contents.

Monitor's Assessment:

The competency based fire and emergency evacuation safety officer proficiency exam was initiated in August, 2011. The passing score for the exam is 80%. I did not have the opportunity to review this provision during this tour. However, the recommendations from the previous report remain. I am asking the Fire Safety Officer to respond specifically address recommendations 4 and 5 prior to the next tour in December, 2015.

Monitor's Recommendations:

1. Continue training and testing until all divisional safety officers for all shifts have completed the training and demonstrated their competency.
2. Establish a course syllabus (topic outline) for each division's training program and identify the designated trainer responsible providing the training.
3. Continue to identify and maintain documentation of remedial training for those officers who do not perform up to expectation during regular drills and actual events.
4. Prior to my next visit, provide evidence of the remedial training for the list of officers who have completed it. While an officer may have successfully passed the written examination, the validation of the training is how they actually perform during drills and actual events.

79. CCDOC shall promptly notify DFM of all electrical hazards, including maintenance and repair of electrical outlets, devices, and exposed electrical wires.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

CCDOC has established written procedures for the submitting work orders for all hazards including electrical. Specifically for electrical hazards, both DFM and CCDOC monitor and review any backlog weekly. CCDOC is fully integrated with the DFM "Facility Wizard" work order system. A review of the number of work orders filed by each division shows a marked increase in timely work orders being submitted and work completed by DFM maintenance trades. This includes electrical work orders.

Monitor's Assessment:

There is no change from the previous report. During this tour, I visited the Central Kitchen, housing units in Divisions I, II, III Annex, VI, VIII, XVII and Cermak. I did not identify any electrical issues. As of this tour DFM has reduced the number of open work orders over 30 days from 33 to 3 for electrician and from 14 to five for electrical technicians since the previous tour. Again the lighting project completed two years ago has successfully reduced the number of electrical work orders from inmates tampering with the lights.

Monitor's Recommendations:

1. No further recommendations.

80. DFM shall promptly repair all known electrical hazards, including maintenance and repair of electrical outlets, devices, and exposed electrical wires and will document repairs by the Work Order System.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**Status Update:**

The priority system established by DFM to track and monitor resolution of all maintenance requests has been operational since August, 2010. It establishes a basis for timely response to electrical and all other work order requests, submitted by CCDOC and Cermak. Electrical hazards are established as a first priority for response by either electricians or electrical technicians. Electrical and fire safety work order requests are typically resolved either the same day or the next unless there is a delay caused by part unavailability. Weekend, unless an emergency is completed on Monday. Emergency work orders are addressed within hours of the request. Weekly pending work order meetings are conducted with CCDOC to monitor and resolve all outstanding electrical work orders.

The DFM "Facility Wizard" system provides daily, weekly and monthly reports for DFM, CCDOC and Cermak to regularly monitor status of all work orders including electrical. CCDOC and Cermak can monitor progress or lack thereof for all outstanding work orders at any time and follow up with DFM as necessary to assure timely response and repairs to electrical hazards.

Monitor's Assessment:

DFM continues to reduce the number of pending electrical work orders for electrical as stated in Provision 79. Reviewing the work order logs during the tour the total open work orders pending for an electrician was 89 (5 of which were pending over 30 days) and the number of pending work orders for electrical technicians was 43 (3 of which were pending over 30 days). In the previous report the number of pending electrical work orders was 102 (further 12.76% reduction.) CCDOC and DFM continue to meet weekly to review status of open work orders. I will continue to monitor the backlog each month on reports provided.

Monitor's Recommendation:

1. DFM should continue review with CCDOC the weekly pending work orders to assure that they are resolved as quickly as possible to reduce any threat to a fire hazard.
2. No further recommendations.

81. CCDOC shall ensure that combustibles are controlled and eliminate highly flammable materials throughout the facility and inmate living areas (e.g., inmates' use of paper bags as trash receptacles, ripped fire-retardant mattress covers, improvised cell light covers, blankets on cell floors, and improperly stored and labeled flammable liquids and other chemicals)

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**Status Update:**

General Order 24.11.1.1 "Sanitation, Fire Health and Life Safety Plans and Reporting" is the CCDOC Master Sanitation Plan. Division specific sanitation plans are revised as appropriate to the General Order. The replacement program for new lighting fixtures has also eliminated inmate's ability to use milk cartons to cover incandescent bulbs.

Inmates are required to maintain all personal belongings and commissary in their personal property bags. Inmates housed in cells are permitted one paper bag per person for trash from commissary that is required to be emptied daily.

DFM controls the storage of flammables in their shops by maintaining them in designated secure fire resistant cabinets. As discussed in Provision 73, DFM has completed the color-coded map and inventory of all flammable and hazardous chemicals and provided it to CCDOC division safety officers and Safety Administrator. So within each division, there is an up-to-date inventory of all flammables being stored in that specific division. The inventory is maintained by DFM and is readily available to first responders in case of an emergency.

Monitor's Assessment:

Housing units in Divisions I, II, III Annex, VI, VIII, XI, and XVII assessed during this tour continued to demonstrate less flammables (paper bags) in the cells and dayrooms. Enforcement from tier officers and supervisors to limit flammable materials within the cells was significantly improved from the previous tour. The efforts of the "Compliance Team" to reduce the amount of combustibles and flammable materials, and improve overall sanitation within the housing units have been effective.

Monitor's Recommendations:

1. Continue enforcement by the tier officer and supervisors to allow one paper bag per cell. All bags in excess must be confiscated including those received with commissary. In dormitories, there should be no paper bags allowed, as trash containers are already provided. All other

personal items including shoes, commissary, correspondence, books, and magazines must be required to be stored in the inmate's personal property bag.

2. Assure that inmates are provided with a personal property bag for legal papers
3. Investigate non-flammable alternatives for delivering commissary items.

82. CCDOC shall ensure that fire safety officers are trained in fire safety and have knowledge in basic housekeeping, emergency preparedness, basic applicable codes, and use of fire extinguishers and other emergency equipment.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

The Interagency Directive for Fire Safety, Fire Emergency, and Fire Evacuation, 64.5.30.0, was authorized effective August, 2011. The policy establishes that all CCDOC employees must receive training and become well-versed in the fire safety, emergency, and evacuation plans of the department and its divisions. This includes safety officers. (Note: In the divisions there are designated and trained "Safety Officers" that are equivalent to the term "fire safety officers" identified in the provision.) Further, the policy explains that "Communication among and between CCDOC, Cermak, and CCDFM employees is key in assuring a safe facility, and all shall work together to implement this directive."

The Interagency Directive requires the designation and training for all CCDOC divisional safety officers for each division at least annually. The training must be provided by or with the approval of the Cook County Sheriff's Office Training Institute, through the CCDOC Safety Office and the Chicago Fire Department, and in accordance with a written course syllabus to be reviewed annually by the Fire Safety Committee.

The training of safety officers (fire safety officers) is currently provided by the CCDOC designated Safety Administrator, using the video of one of the courses previously provided by the Chicago Fire Department. Following the training, safety officers are required to pass a written proficiency examination.

Monitor's Assessment:

The competency based fire and emergency evacuation safety officer proficiency exam was initiated in August, 2011. The competency based fire and emergency evacuation safety officer proficiency exam was initiated in August, 2011. Safety classes were most recently held in January and April 2015. Over 240 Safety Officers including 35 who completed the course in 2014 recognized as safety officers. Demonstration of their ability to effectively use a fire extinguisher is included in the regular fire drills conducted in each division each month.

Fire Safety Officers will provide Roll Call Training on basic housekeeping, emergency preparedness,, code changes, and use of fire extinguishers and other life safety emergency equipment. DFM and representatives of Cermak and the Central Kitchen have been included in the training. Additional training is also provided as necessary following fire drills.

As explained earlier in this report, the divisional orientation handbooks for divisional safety officers are now complete and issued. On future tours, I will continue to monitor safety officer knowledge by witnessing drills and questioning housing officers.

This provision continues to be in substantial compliance.

Monitor's Recommendations:

1. Provide me with a current roster of safety officers from each division who are current in their training to assure that all shifts are covered.
2. The Safety Administrator needs to assure that all designated Safety Officers assigned within the divisions have received the annual training required in the Interagency Directive. Should a Safety Officer be transferred or leave CCDOC, the superintendent, prior to the transfer or leave shall provide the name of the replacement Safety Officer to the Safety Administrator.
3. Establish a process within each division that assures the superintendent that there is always a trained Safety Officer within their division on all shifts at all times.

PROVISION: G. SANITATION AND ENVIRONMENTAL CONDITIONS

83. Sanitation and Maintenance of Facilities

a. DFM shall maintain an adequate written staffing plan and sufficient staffing levels to provide for adequate maintenance of the Facility.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

The Department of Facilities Management has a written staffing plan for each trade that provides response to work order requests, scheduled maintenance, and emergencies for engineering, plumbing, electrical, painting, carpentry, and masons. In includes supervisory personnel for each. DFM is responsible for the maintenance and repairs of all Cook County owned facilities including CCDOC. There are assigned trades that report directly to the CCDOC complex daily. Additional tradesmen may be assigned from other county facilities to assist when there are excessive backlogs or emergencies. DFM contracts with trades provide general maintenance for two shifts and 24 hour emergency response.

Monitor's Assessment:

There is no change from the previous report. Cook County restructured the Department of Facilities Management Agency in January, 2014 to created property specific facility managers. The plan assigns one General Manager at CCDOC with two property managers to manage the maintenance workload. The leadership of DFM continues to be very committed to reducing backlog of open work orders. When reviewing trend reports, the backlog in plumbing and electrical work orders continues to be reduced almost monthly. DFM continues to provide me with monthly reports of their progress to reduce these backlogs. I will continue to monitor the monthly reports for future tours. This provision continues to be in substantial compliance.

Monitor's Recommendations:

1. No further recommendations.

83. Sanitation and Maintenance of Facilities

b. CCDOC shall revise and implement written housekeeping and sanitation plans to ensure the proper routine cleaning of housing, shower, and medical areas, in accordance with generally accepted correctional standards. Such policies should include oversight and supervision, including meaningful inspection processes and documentation, as well as establish routine cleaning requirements for toilets, showers, and housing units.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**Status Update:**

The CCDOC General Order 24.11.1.0, Divisional Sanitation Plan became effective in February 29, 2012 and was revised to CCDOC General Order 24.11.1.1, "Sanitation, Fire, Health, and Life Safety Plans and Reporting." This order is a companion order with General Order 24.9.9.0, Safety and Sanitation of Living Units which became effective December 6, 2011 and currently is under revision. Both Order revisions reflect improved practice and include specific sanitation schedules for all housing and common areas of the divisions and require documented housekeeping completion logs, inspection reports, deficiency plan for corrective action and requisition procedures for cleaning supplies.

A sanitation video has been developed that can be shown on televisions in each living unit throughout the day, when televisions are turned to that channel. Division designated sanitation officers for each division has are trained by the CCDOC Sanitarians on safe and effective cleaning and disinfecting procedures. In the General Order, Watch Commanders are responsible for reviewing the completed Daily Inspection Forms from each of the living units and filing a summary report weekly. The Support Services Superintendent and Sanitarians receive and review the weekly summary of the sanitation log from each of the divisions. The divisional sanitation plans mandate that sanitation officers observe the cleaning and disinfection of cells, dayrooms, toilets and shower facilities. Since the divisional sanitation

plans became effective, the Sanitarians continue to conduct unannounced inspections of living units within all divisions.

CCDOC created and continues to use a designated “Compliance Team” to develop and oversee the implementation of the Divisional Sanitation General Order. CCDOC has implemented an incentive for housing unit cleanliness and order by providing microwave ovens to those living units where the rules are being followed. In other words CCDOC transformed the previous culture where cleanliness was not a priority and inmates were permitted to live and sleep in an unclean environment and where fires for cooking commissary were commonly accepted by officers as acceptable with a very different culture through the use of an incentive environment. This process establishes accountability from both inmates and officers to improve and maintain the level of cleanliness and order of the living units as well as common areas including classrooms, maintenance closets, and tunnels. Improvement in cleanliness in those housing units where microwaves have been provided is generally significant when compared to those units where they are not available.

Cermak Environmental Services has developed a written policy with input from CCDOC that establishes procedures for cleaning and disinfection of all areas for medical and mental health inmates and each of the division specific dispensaries. Its purpose as stated is to, “To ensure through collaborative departmental efforts of sanitation, prevention, maintenance, and education that all areas under Cermak Health Services” (CHS) authority shall be maintained clean, disinfected, well organized, and in good repair.” It establishes formal housekeeping procedures, schedule, and expectations for the building service workers responsible for completing the all cleaning and disinfection. It includes a weekly “monitoring” program conducted by building services supervisors to be submitted to the Environmental Services Director. Environmental Services has provided training of the building service workers and supervisors.

Monitor’s Assessment:

On this tour I assessed housing units in Divisions I, II, III Annex, VI, VIII, XI, and XVII. I purposely did not schedule which Divisions I would visit throughout the week. I found that all the housing units visited were maintained clean. In most areas inmates were maintaining personal property in their assigned bags. Trash bags are limited to one bag per person per cell. The one exception to this was in Division VIII. There I again found sanitation issues within the shower areas. Soap scum continues to build up on the tiles and on the floor. Either the cleaning chemical is ineffective to remove the soap scum build-up or the showers are not being cleaned at the frequency needed to maintain them clean. It also appears that there are not enough power washers available for use. On this tour there were only two power washers for the entire Division and both were not operational because of repair issues. There should be at least one power washer for each floor, along with at least one or two reserve machines available at all times. Because the building does not have adequate floor drains throughout the housing units, there needs to be a minimum of one wet vacuum machine available on each floor to quickly clean up inmate caused floods in the dormitories.

I also noted that inmate personal storage was significantly improved from the previous tour.

I also toured Cermak medical and mental health infirmary and emergency room. I found significant improvement in cleanliness and order. It was clear that the Cermak weekly inspections have been effective in identifying issues of cleanliness, maintenance repairs, and organization. In reviewing the Consent Agreement, I found that the medical provision 43 d. states, "Cermak shall ensure that medical areas are adequately clean and maintained, including installation of adequate lighting in examination rooms. Cermak shall ensure that hand washing stations in medical care areas are fully equipped, operational and accessible." As Cermak has complete responsibility for cleanliness of their infirmary and remote clinics and Provision 83 b pertains to CCDOC facilities for cleanliness and sanitation, I find that this provision substantially complies with the Consent Agreement. The Medical Monitor will continue to assess Cermak sanitation Provision 43 d as part of their report.

Monitor's Recommendations:

1. Work with chemical suppliers to identify and then implement a solution to the soap scum build-up in the showers of Division VIII.
2. Provide adequate power washers and wet vacuums for Division VIII.
3. Develop and implement a process to effectively clean and disinfect plastic drinking cups provided to medical inmates housed in Division II dorms and Cermak or eliminate the use of them and provide single service cups.

83. Sanitation and Maintenance of Facilities

c. DFM shall implement a preventive maintenance plan to respond to routine and emergency maintenance needs, including ensuring that shower, toilet and sink units are adequately maintained and installed.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

DFM uses a work order tracking system ("Facility Wizard") to manage and prioritize all maintenance requests from anywhere in the complex. The same system also is used to schedule and assure completion of preventative maintenance needs of all mechanical and fire safety systems within CCDOC, as well as at all other Cook County facilities. Both CCDOC and Cermak use the same system through an interface to submit work orders and monitor open and closed work orders. DFM has designated staff to prioritize work orders as received and send them to trades' foremen for assignment. DFM and CCDOC staffs meet weekly to review and address backlogs of work orders.

Facilities Management operates a seven day, 24 hour emergency hot line to receive and respond to any facility emergency reported by CCDOC or Cermak.

Monitor's Assessment:

There is no change from the previous report. DFM continues to meet the requirements of this provision. CCDOC has designated trained employees within each division to create a work orders based on information from living unit officers. Reviewing the monthly logs demonstrating continuing reduction in open work orders, it is clear that DFM promptly responds to work orders following their established priority schedule. In comparing the number of "pending" work orders from March, 2012 (2,214) and March, 2015 (979), there has been a 56% reduction. This includes reductions of 39% form plumbing, 79% for electrical, 60% for electrical technicians, 59% for ironworkers, 83% for glazers, 76% for painting, 81% for tinsmiths, and 63% for bricklayers. This is evidence of continuing compliance with the provision.

Monitor's Recommendations:

1. No further recommendations.

83. Sanitation and Maintenance of Facilities

d. CCDOC shall notify DFM, in a timely manner, of routine and emergency maintenance needs, including plumbing, lighting, and ventilation problems.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update: The DFM "Facility Wizard" work order tracking system interface has been operational at both CCDOC and Cermak since April, 2012. General Order 24.9.9.0 established an inspection protocol for sanitation and living unit officer to identify and correct non-conformances that include initiating work orders for DFM, as appropriate. The Sanitarians have also created a Power Point presentation for training living unit officers demonstrating what constitutes a needed plumbing, electrical and emergency issues. The food service contractor, CBM, also has access to file work orders through Support Services. The CCDOC Sanitarians also generate the electronic work orders.

As a result, work orders from CCDOC staff can provide work orders as soon as they identify issues. The use of the 24 hour hotline for emergency repairs assures that emergency maintenance repairs are forwarded to DFM quickly and typically respond to these within minutes.

Monitor's Assessment:

There is no change from the previous tour. Touring several divisions during this tour, I observed that when I identified plumbing or electrical issues, or areas in need of painting, the Sanitation officers and commanders provided copies of the work orders that had been submitted. The work orders are maintained in a binder that they update daily. Tier officers now recognize that if a work order is processed, necessary timely repairs are being made.

As a result of this tour the provision continues to be in substantial compliance.

Monitor's Recommendations:

1. No further recommendations.

83. Sanitation and Maintenance of Facilities

e. DFM shall ensure adequate ventilation throughout the Facility to ensure that inmates receive an adequate supply of air flow and reasonable levels of heating and cooling. DFM staff shall review and assess compliance with this requirement on a daily basis for automated systems and on an annual basis for non-automated systems.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**Status Update**

The status remains unchanged since previous reports. DFM continues to conduct Rounds Monitoring Policy to monitor temperature within CCDOC for all divisions. It includes measuring and recording temperatures of the exhaust and return air fans and temperatures at a pre-selected point closest to the exhaust fan and the point farthest from the exhaust fan in living units. They also measure the temperature of the hot water at the heater, check whether the hot water circulating pump is functioning according to manufacturer's specification, along with the sewer pumps, storm pumps, and condensate pumps. Function of the generator is verified, including the oil and fuel level. Measurements of PSI for the high, medium, and low pressure systems, city water pumps, and the chilled water pumps for the fire system, are taken. The monitoring forms are typically completed by an engineer and reviewed by a supervising chief engineer or assistant chief engineer. They are utilizing a monitoring log that is maintained in the DFM offices. Monitoring is completed once on each shift, seven days per week. Exhaust and return air vent cover cleaning continues whenever a work order is submitted from CCDOC or Cermak environmental services. DFM continues to meet the provision of the Consent Agreement.

Monitor's Assessment:

There is no change from the previous report. DFM maintains temperature logs and summaries for the "Rounds Monitoring" in all divisions.

Vent cover cleaning continues based on work order requests submitted from the living unit or sanitation officers... DFM management continues to monitor the number of work orders filed each month for blocked vents to determine whether another complete round is necessary. During my tours of divisions, I found no blocked or plugged vent covers needing cleaning.

Monitor's Recommendations:

1. No further recommendations.

83. Sanitation and Maintenance of Facilities

f. CCDOC shall notify DFM of any visible obstructions to the ventilation system.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

As discussed above, DFM staff clean and/or replace blocked or dirty vents based on CCDOC staff submitting work orders. When tier officers identify blocked vents, a work order is submitted to DFM through the work order system.

Monitor's Assessment:

On this tour, I found no blocked vents or vent that needed cleaning to assure air flow. At Cermak, the ventilation cleanliness was significantly improved. The Sanitation Plan requires living unit officers to identify and notify Facilities Management should vents become blocked. This is no longer an issue within any CCDOC division. This provision continues to be in substantial compliance.

Monitor's Recommendations:

1. No further recommendations.

83. Sanitation and Maintenance of Facilities

g. Cook County shall ensure adequate lighting in all inmate housing and work areas.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

This provision is the responsibility of the Department of Facilities Management. In July, 2012 the Cook County Board of Commissioners approved a capital improvement project to replace or retrofit all lighting and light fixtures with secure fixtures that prevent inmate abuse and improve energy efficiency within the living units within all divisions. That project has been completed. Lighting in housing and work areas is no longer an issue within all of CCDOC. Fixtures requiring the use of Incandescent bulbs are no longer used in inmate cells.

Monitor's Assessment:

There is no change from the previous report. As a result of this project, the number of electrical work orders has dropped as expected, and as reported earlier in this report, the back log of pending electrical work order has dropped to a manageable level. This provision continues to be in substantial compliance.

Monitor's Recommendation:

1. No further recommendations.

83. Sanitation and Maintenance of Facilities

h. CCDOC shall ensure adequate pest control throughout the housing units, medical units, RCDC, RTU, and food storage areas. CCDOC shall maintain a contract for professional exterminator services for each division, food services areas, and the Cermak hospital. Services should provide for routine pest control spraying and additional spraying as needed.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**Status Update:**

As of November 1, 2013, Quality and Excellence Inc. maintains the pest control contract for CCDOC and for CBM. Cermak continues to maintain its pest control contract with Anderson Pest Control, the former contractor for CCDOC. The new contract for CCDOC requires the contractor be onsite 7.5 hours per day 5 days per week for the first six months of the contract and then 5.5 hours per day. They have provided CCDOC a map showing the location of all traps, and provide a comprehensive inspection and implement an "Integrated Pest Management" approach. The contractor is required to complete a floor drain cleaning procedure a minimum of twice per year to prevent insect eggs and larvae from developing, and provide a 24 hour response time for complaint response. They provide a quarterly statistical report, along with electronic reports of their inspections and recommendations.

CCDOC continues to operate a "pest control hotline" for officers to report pest activity. Steps to prevent pest issues and infestations are reinforced at the training academy for all correction officers.

Monitor's Assessment:

CCDOC provided a copy of the first quarter Pest Summary from the contractor. The report shows that most of the mice trappings occur outside of Division I, VI, X, and XI. Division I, primarily because of its age and construction continues to have mice trapped within the building. There continues to be sporadic pest control issues in some areas of the complex, because of the uncontrolled neighboring properties adjacent to CCDOC such as Division XI, along with construction activity on the property. Drain flies and gnats continue to be a nuisance in several divisions. As a result, CCDOC works closely with the contractor to clean and treat shower drains. This has helped to reduce complaints and will most likely need to continue in the near future. The contractor has been responsive to special request issues and meets regularly with CCDOC staff when issues arise. The CCDOC Sanitarians receive and review the reports and maintain historic documentation of pest activity by location and pest type.

In summary, CCDOC Sanitarians continue to regularly monitor pest control issues and meet regularly with the contractor to modify their schedule and address hot spots. While some insect and rodent issues still exist, they are effectively managed through a comprehensive program.

However, pest control is adequately and regularly monitored, trends are reviewed, and adjustments to treatments are made as necessary. This provision continues to be in substantial compliance.

Monitor's Recommendations:

1. Continue to provide me pest control quarterly reports.
2. Continue to monitor and treat necessary areas for drain flies and gnats.

83. Sanitation and Maintenance of Facilities

- i. CCDOC shall ensure that all inmates have access to needed hygiene supplies.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

CCDOC has completed and authorized General Order 24.11.6 with an effective date of March 7, 2014. The new Order states first, that upon intake, employees shall issue inmate basic hygiene supplies including soap, toothpaste, toothbrushes, and as appropriate sanitary pads. Weekly, the supply room in each division will ensure that it maintain an inventory of these supplies at a level of 1.5 times the building capacity distribute basic hygiene supplies to the living units on a pre-determined schedule. Weekly the division officers provide and inmates sign that they have received any requested supplies. CCDOC maintain the logs, which will eventually be electronic so they can monitor excess hoarding of supplies. The logs demonstrate that the inmate received needed supplies.

Monitor's Assessment:

The General Order that was effective just prior to the last visit. CCDOC provided copies of the logs that are being utilized. They demonstrate that inmate hygiene supplies are received by the inmates. On this tour I did not receive any complaints from inmates nor see any grievances about the lack of needed hygiene supplies. This provision is in substantial compliance.

Monitor's Recommendations:

1. No further recommendations.

83. Sanitation and Maintenance of Facilities

- j. CCDOC shall develop and implement policies and procedures for cleaning, handling, storing, and disposing of biohazardous materials, in accordance with generally accepted correction standards. CCDOC shall ensure that any inmate or staff utilized to clean a biohazardous area are properly trained in universal precautions, are outfitted with protective materials, and receive proper supervision when cleaning a biohazardous area.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

Biohazardous waste from Cermak's medical facility and the medical and/or dental clinics in the divisions is the responsibility of Cermak, not CCDOC. Biohazardous waste in Cermak is securely stored and placed in red bags for daily pick up by designated Cermak staff. Cermak maintains a contract for collection and final disposal of the waste.

For biohazardous waste from living units or laundry, each division maintains a supply of biohazardous spill kits within the security office and the sanitation rooms. They are replaced as needed through Support Services. CCDOC policy does not permit inmates to clean bio-hazardous spills. A new blood-borne Pathogen Decontamination General Order was issued in January, 2013. Support Services Sanitarian created a Power Point training presentation for biohazardous waste handling and cleanup that is now provided to all sanitation officers. There is a written syllabus for blood-borne Pathogen clean-up training. Cermak teaches the blood-borne pathogen training at the Academy and during in-service.

Monitor's Assessment:

On this tour, I found that all sharps containers were secured in all of the clinics including those in Division VIII. Biohazardous waste from the medical/dental clinics that I visited was handled appropriately. The new Power Point training tool for sanitation officers is well written, thorough, and complete. Training for sanitation officers from each division for effective clean-up of biohazardous spills has been completed and is conducted for new sanitation officers as necessary. I have reviewed the course syllabus for biohazardous waste and blood-borne pathogen training program for officers and find that it acceptable. The provision continues to be in substantial compliance.

Monitor's Recommendations:

1. No further recommendations.

83. Sanitation and Maintenance of Facilities

k. DFM shall develop a policy on hazardous materials, in accordance with generally accepted correctional standards, and insure that all DFM staff is properly trained on the procedure.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**Status Update:**

DFM maintains policy number 2010 that was revised effective May 15, 2012. It establishes the acceptable storage procedure for handling and storage of all hazardous materials. The policy requires OSHA Hazard Communication Standard 29 CFR 1910.1200 Power Point training for all new hires and annually thereafter for all DFM personnel and that a current record be maintained for all employees required to work with hazardous materials. It requires a register

(list) be developed of all chemicals used and stored and that the inventory and material safety data sheets be provided to designated management employees for distribution to the CCDOC Safety Administrator. The policy requires reports to the CCDOC Safety Administrator of any damage or spill. It mandates the supervisor or designee of each trade to complete quarterly inspections of all shops and rooms used for storage of hazardous materials to verify accuracy of inventory sheets, labeling, and safe and secure storage for all chemicals, along with appropriate corrective action for non-conformances and handling procedures including marking, controlling, labeling, mixing, and safety precautions. DFM management conducts random “mock surveys” of all shops and mechanical rooms since November, 2012. One of the elements included in the audit is monitoring for safe, effective storage, inventory and maintenance of chemicals.

Two documents, Understanding Policies and Procedures for tool, chemical and key control and Fire and Life Safety Duties for Engineering are both required to be displayed in the shops and a copy maintained on maintenance carts at all times.

Flammable cabinets are located in all shops/rooms where flammable materials are stored and that they are being appropriately used. DFM has completed division specific maps identifying the location of all flammable cabinets and a list of chemicals stored in each shop and/or mechanical rooms. This now includes Division VIII. They are provided to the Safety Administrator and also securely maintained in the respective division handbook located in the superintendent’s or designee’s office.

CCDOC has emergency access to all DFM maintenance rooms via secure keys located in Divisions IX and IX. The Division Safety Officer/Superintendent’s office also maintains a current copy of all Safety Data Sheets for all hazardous chemicals stored within that division in addition to the one prominently stored at the entrance to all shops/rooms.

Monitor’s Assessment:

There is no change from the previous report. The provision continues to be in substantial compliance.

Monitor’s Recommendations:

1. No further recommendations.

83. Sanitation and Maintenance of Facilities

- I. CCDOC shall provide and ensure the use of cleaning chemicals that sufficiently destroy the pathogens and organisms in biohazard spills.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

CCDOC dilutes concentrated chemicals following the chemical manufacturer's specifications from the central supply located in Division V and distributes them daily to the divisions as requested. By centrally controlling the dilution and following the chemical manufacturer's directions, the divisions only receive properly diluted cleaning and disinfecting chemicals needed for routine cleaning and sanitizing of floors, toilets, lavatories, showers, etc. and effective cleaning and sanitizing surfaces from biohazard spills.

The chemicals used for all cleaning and disinfection are available for distribution to Divisional Sanitation Officers from the Division V Central Chemical Room. They include general purpose cleaner, a disinfectant, glass cleaner, stainless-steel cleaner, deodorizer, and bleach along with empty spray bottles and labels. Only the floor care team has access to chemicals used for floor care including Floor stripper, floor wax, floor cleaner, and floor Ssanitizer. Also available from the CCDOC warehouse are mop heads, mop sticks, vacuum, power washer brooms, dust pans and squeegees, along with buckets brushes, Tyvec suits, vinyl gloves, garbage bags and eyewash stations.

Training for inmates and CCDOC employees on the safe and effective use of cleaning is taught by the Sanitarians. Training is provided to those assigned the responsibility of cleaning cells, showers, toilet facilities, dayrooms, RCDC, classrooms, tunnels, and all administrative areas. These are two hour classes daily, for one week. Each person that takes the class and successfully passes a written test is presented with a certificate of completion.

Each division maintains a supply of biohazardous spill kits in the chemical storage room as discussed earlier. Sanitation officer have been trained on the contents and how to use them in case of a spill. Spill kits are replaced as needed. Inmates are not permitted to clean up bio-hazardous spills per policy.

"Sanitation kits" have been distributed to each operating living unit to be used for inmate mattress cleaning and daily cleaning done by inmates. The crates include one spray bottle of GP Cleaner, a spray bottle of disinfectant, two brushes (one for touch surfaces and one for toilets), four rags and an instruction card. Kits are now included in the count clearing process and the tier officer is responsible to assure inmates do not misuse the chemicals. The sanitation officer on the 11pm to 7am shift is responsible to collect and restock the kits.

Monitor's Assessment:

There has been no change since the previous report. This provision continues to be in substantial compliance.

Monitor's Recommendations:

1. No further recommendations.

83. Sanitation and Maintenance of Facilities

m. CCDOC shall inspect and replace as often as needed all frayed and cracked mattresses. CCDOC shall destroy any mattress that cannot be sanitized sufficiently to kill any possible bacteria. CCDOC shall ensure that mattresses are properly sanitized between uses.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

Mattresses are replaced as needed throughout the divisions when they become no longer cleanable or beyond repair. Each division maintains a small surplus of mattresses and more are available from Central Supply. If medically ordered, Inmates in Cermak may be provided pillows and pillowcases. Each division has a designated clothing and bedding storeroom and has established procedures in place to inspect, clean, disinfect, and repair or replace mattresses before they are provided to incoming inmates. Each room has separate areas for storage of clean and soiled mattresses. Mattresses are typically removed from the cell when an inmate is moved or discharged. They are taken to the designated storeroom within the respective division for cleaning and disinfection and cleaned using GP Cleaner and disinfectant using the process described in 83I above. The mattress is allowed air-dry and returned to the cell or dormitory for use. Inmates are also permitted clean their mattress during scheduled daily cleaning utilizing the sanitation kits described above.

Hospital mattresses within Cermak are cleaned and disinfected within the cell or dormitory anytime an inmate is transferred or discharged. Cermak's sanitation policy, formally establishes the procedure for cleaning and disinfecting them.

For some hospital beds within Cermak the CCDOC mattresses were too small and did not fit the beds. It is less than on previous tours. Further, in most of the dormitory rooms there continue to be a lack of adequate hospital beds available for the number of inmates housed. As a result inmates are allowed to sleep on plastic frames (boats). Cermak has the responsibility to provide the hospital beds for inmates assigned there.

Monitor's Assessment:

On this visit I once again observed a few hospital beds with the small CCDOC mattresses being used. Cermak stated that they have received reassigned hospital beds, but there continues to be an inadequate number for the inmates living there. On this tour, all mattresses I observed were clean and well maintained with no tears or excessive wear. As in the last report, there continues to be inmates sleeping on "boats". I was not able to witness anyone cleaning any of the hospital mattresses during my onsite visit to Cermak. However several inmates interviewed in Cermak stated that the mattresses and beds are cleaned and disinfected once they are vacated.

Within the divisions I did not observe any mattresses that were frayed and cracked to the point where they could not be effectively cleaned and disinfected. CCDOC staff indicated that a new mattress typically lasts about one year before they need to be replaced. As a result, they maintain adequate

supplies in the warehouse to replace mattresses as they are needed. The provision continues to be in substantial compliance.

Monitor's Recommendations:

1. For the medical tiers, Cermak needs to eliminate the use of "boats" and replace them with patient appropriate hospital beds along with adequately sized mattresses in good condition that fit the bedframe.

83. Sanitation and Maintenance of Facilities

n. CCDOC shall ensure adequate control and observation of all housing units, including distribution and collection of razors and cleaning supplies. All cleaning tools and hazardous chemical shall be removed from housing areas after use.

APRIL, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

CCDOC has established General Order 24.11.7.0, Inmate Razor Distribution Effective March 14, 2014. Razors used throughout CCDOC are color coded by division. The CCDOC Assistant Executive Director (AED) of Special Projects is responsible for maintaining inventory of inmate disposable razors and assigning designated staff to issue razors to each division. Each division Watch Commander is required to assure accuracy of the inventory and designate employees on each shift to verify the number of disposable razors on hand before distribution and upon their return from the inmates. Divisions are issued two biohazard waste containers with disposable plastic liners; one used to transport unused razors and one for collecting and returning used razors. The date and amount of razors are tracked in a "Disposable Razor Logbook" signed by the officer accepting the razors. Used razors are placed in the red biohazard container designated for "used" razors and returned to the AED for Special Projects office for safe disposal. No razors are maintained in the housing tiers or dormitories. All razors, used and unused, are audited daily to assure complete retrieval. If a discrepancy is identified, an incident report is generated. Razors are available for use by inmates on the 11pm to 7am shift Monday through Friday with the exception of holidays.

Monitor's Assessment:

There is no change from the previous report. However in reviewing the weekly incident reports since the last tour, there have not been any incidents reported about missing razors in any division.

The provision continues to be in substantial compliance.

Monitor's Recommendations:

1. No further recommendations.

83. Sanitation and Maintenance of Facilities

- o. CCDOC shall ensure that Facility Sanitarians receive training from a relevant state, national, or professional association with emphasis on assessment of environmental health practices and emerging environmental issues in correctional settings. Facility Sanitarians should also have training on and access to testing equipment to ensure sanitary conditions.

APRIL, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

CCDOC employs two full time Registered Sanitarians, who report to the Superintendent of Support Services. Both Sanitarians are active participants for all areas of the consent agreement involving environmental and safety issues including chemical control, sanitation, laundry, food service, and fire and life safety. They actively participate in the review and revision of General Orders for these areas, along with developing and providing specific training programs to correction and civilian staff, and inmates. CCDOC provides them with and they regularly use measuring and testing equipment to monitor sanitation, temperatures, etc. They continue to research specific environmental issues such as pest control trends, food service, laundry, sanitation, maintenance, biohazardous materials, etc. They conduct independent sanitation audits, both for corrections and Cermak which has resulted in modification and improvements to training programs, enhanced follow up work and objective counsel with both corrections and coordinating efforts with Department of Facilities Management.

They meet regularly with the contractor for food service, pest control, division superintendents, CCDOC management, Cermak, and DFM to assess and resolve issues. As part of their inspections, they regularly speak with both inmates and staff to identify issues that need resolution. They have an integral role in the implementation and monitoring of several CCDOC policies relative to sanitation and provide direction to the divisional sanitation officers. They have trained all divisional sanitation officers on correct cleaning procedures to assure continuing effective cleaning and sanitation. CCDOC is fortunate to have selected two Sanitarians who understand institutional environmental health, along with unique correctional issues and that are able to interpret and find solutions to protect the safety and health of both inmates and fellow employees.

Monitor's Assessment:

There is no change from the previous report. Both Mr. Schroer and Mr. Gnacinski, along with Support Services Superintendent Sean Julian accompanied me on this tour of division housing units, laundry, food service and Cermak. They are actively working with Cermak management and environmental services to understand environmental health issues to address sanitation, cleanliness and order at there. They speak with inmates and correction officers helping them understand the public health reasons for specific policies and procedures, along with the impact of following them correctly. I find their commitment and their insight valuable as they work to solve sanitation and safety issues in the divisions.

They have created posters on use of the laundry for personal clothing, pest issues, and handwashing for use in the housing divisions. This provision remains in substantial compliance.

Monitor's Recommendations:

1. No further recommendations.

PROVISION: G. SANITATION AND ENVIRONMENTAL CONDITIONS

84. Sanitary Laundry Procedures

a. CCDOC shall develop and implement policies and procedures for laundry procedures to protect inmates from risk of exposure to communicable disease, in accordance with generally accepted correctional standards. To limit the spread of communicable disease, CCDOC shall ensure that clothing and linens returned from off-site laundry facility are clean, sanitized, and dry.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

CCDOC currently operates its own laundry service. CCDOC currently operates laundries in Division III, V, and Division XVII. Division III and XVII sort, wash, dry and fold laundry for female inmate clothing, uniforms, linens, and blankets. Division III also processes laundry from Cermak. The laundry in Division IV is currently non-operational as the Division is closed. The food service contractor, CBM, operates a separate laundry to clean inmate worker uniforms and kitchen laundry.

CCDOC authorized General Order 24.11.3.0 effective March 7, 2014. It establishes the responsibilities assigned to the Laundry Unit Watch Commander and outlines the necessary training requirements for employees and inmates assigned to the laundry units addressing safe sorting, washing, drying, and folding procedures and appropriate sanitation precautions necessary to be taken to assure that clean laundry is never cross-contaminated with soiled laundry. The Laundry Watch Commander, in turn, is responsible to train inmate workers on the procedure, sanitation, and the use of personal protective equipment (PPE).

The policy requires all inmates to exchange soiled clothing and linen and strictly prohibits inmates from washing and drying clothing or linen contrary to the provisions of the General Order. Laundry is collected from inmates twice each week on a posted schedule. Once cleaned, it is returned typically within the same shift from when it was collected. Living unit officers who observe clothing and linen being washed by inmates are expected to confiscate all such items and issue clean, dry clothing and linens and initiate an Inmate Disciplinary Report.

The Central laundry in Division V consists of five 150-lb Unimac washers and five 170-lb Unimac dryers. The Division III laundry consists of three Speed Queen 40 lb. washers and two 40 lb. dryers. Division IV has one washer and one dryer, not currently in use. The Division XVII laundry consists of one washer

and one dryer and is used to wash all laundry from that division including uniforms and personals. The kitchen has one washer and one dryer. Chemicals used in all washers, including bleach, detergent and sour, are electronically dispensed.

Laundry chemicals used are currently purchased from Ecolab. They include Ecostar Builder C detergent, Ecostar Destainer (Bleach), and Ecostar Sour (a pH adjusting chemical) to prevent skin irritation and fabric browning. Safety Data Sheets (SDSs) for all laundry chemicals are posted, maintained up-to-date and readily available. Bins used to hold and transport soiled clothing from the divisions and return clean clothing to the divisions are cleaned and disinfected with Clorox disinfecting wipes before clean laundry is placed in them at each laundry.

CCDOC has developed a documented monitoring system that tracks the amount of personal laundry sent to the laundry weekly; in essence monitoring how the division staff are performing and following the General Order for frequency of inmate personal clothing washing. The reports are provided at each Superintendent's accountability meeting each week. The laundry supervisor tracks and reports the amount by weight of laundry received from each division including linens, uniforms, and personal laundry. Division Superintendents are required to report laundry collections each week and include in their incident reports.

Monitor's Assessment:

In reviewing the laundry trend reports since September, 2014, inmate use of the laundry continues to increase steadily in all divisions except Divisions II, VI, IX, and XI. CCDOC's inmate culture for many years has been that personal laundry is often misplaced, lost, and never returned or if returned it is wet, and late and sometimes missing clothing. The use of the laundry loops has helped reassure inmates. It has been a significant challenge for officers, Sanitarians, and management to finally change the perception of laundry services. It is management's responsibility to require accountability of tier officers and their supervisors to require detainees to no longer wash personal laundry in lavatories, showers and toilets. In those divisions where tier officers and supervisors actively promote and require use of the laundry for personal clothing, there has been continual improvement especially Division I and now Division XIV (formerly Division III Annex). Laundry usage in those divisions is at or above targeted goals. During this tour I visited the central laundry in Divisions V, III and XVII. All were maintained clean and well organized and adequately staffed with officers and inmate workers. Inmate workers were wearing appropriate PPE and following applicable procedures for handling soiled and clean clothing and linens. I observed laundry bins being disinfected before clean laundry was placed in them. Safety Data Sheets for all laundry chemicals were available. Cleaning chemicals were readily available and the dispensing systems were functioning as designed.

This provision continues to be in substantial compliance.

Monitor's Recommendations:

1. No further recommendations at this time.

84. Sanitary Laundry Procedures

b. CCDOC shall ensure that inmates are provided adequate clean clothing, underclothing and bedding, consistent with generally accepted correctional standards, and that the laundry exchange schedule provides consistent distribution and pickup service to all housing areas

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update

As stated above, CCDOC General Order 24.11.3.0 was revised to reflect current practice and policy. The policy prohibits inmates from washing and drying clothing or linen other than through the central laundry. It requires Living Unit Officers to confiscate clothing or linens being washed by inmates and issuance of clean, dry clothing and/or linen and issuance of an Inmate Disciplinary Report.

The policy and practice require uniform, personal clothing and towel exchange be conducted twice each week, sheets once per week and blankets exchanged once per month. The laundry schedule is posted in each living unit, and each division is required to include in its weekly incident report specifically which living units did not receive linen exchange as required by the policy.

Male inmate personal laundry is taken to the central laundry in Division V. Female personal laundry is washed and dried in the Division III laundry. Laundry for females assigned to Women's Justice in Division XVII is cleaned in that Division's laundry. Personal laundry is returned to the inmate on the same day during the same shift from which it was collected. All laundry is washed using appropriate detergent and bleach through electronically dispensed to assure effective cleaning and disinfection.

Monitor's Assessment:

There is no change from the previous report. I observed the posted laundry schedule in each housing unit of each division that I toured. The laundry operates on two shifts each day to assure timely return of clean laundry. CCDOC has created posters explaining why all clothing needs to be cleaned and disinfected through the laundry, developed videos for the inmate televisions, and have taken designated inmates to visit the laundry to see firsthand the laundry process.

Based on the laundry use trending charts provided, the one issue that remains is that in Divisions II, VI, IX, and XI the use of the laundry by detainees for personal clothing is not meeting the goal of at least 85% usage by weight. One example from Division IX, Tiers 3-E, 3-F, and 3-G only 10 inmates out of 126 utilized the laundry services. There, inmates are using the laundry service as provided, claiming that it does not get done, white clothing comes back grey. As a result, some inmates are using soap purchased through commissary to wash clothing. As this provision continues the steps to demonstrate substantial compliance, I will reassess on the next tour. Without significant improvement, it will revert back to partial compliance on the next tour.

Monitor's Recommendations:

1. Continue to monitor laundry usage for each division and report changes to management as necessary.

84. Sanitary Laundry Procedures

c. CCDOC shall train staff and educate inmates regarding laundry sanitation policies.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

Inmate laundry workers assigned to the laundry are trained as to their responsibilities by officers assigned to General Order 24.11.3.0. The Order states the training includes both classroom and hands-on instruction as to the responsibilities, acceptable laundry sanitation practices and the use of laundry equipment, chemicals and the use personal protective equipment (PPE).

Monitor's Assessment:

There is no change from the previous report. On the tour of laundries, I observed laundry officers and inmate laundry workers. All were wearing appropriate PPE, including gloves, and uniforms following instructions, and safely handling clean and soiled laundry. This provision continues to be substantial compliance.

Monitor's Recommendations:

1. No further recommendations.

84. Sanitary Laundry Procedures

d. CCDOC shall ensure that laundry delivery procedures protect inmates from exposure to communicable diseases by preventing clean laundry from coming into contact with dirty laundry or contaminated surfaces.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

Clean inmate laundry is returned to the division from which it came in clean bins that are sanitized with a disinfecting bleach wipe before clean clothing, uniforms, bedding etc. are placed in the carts. All carts are thoroughly wiped by laundry workers and allowed to air dry. There are designated areas within each laundry that separate dirty laundry bins from those that have been cleaned and sanitized. Designated tables in each laundry are only used to sort and fold clean laundry. The tables are cleaned and disinfected at the beginning and at the end of each shift.

Monitor's Assessment:

There is no change from the previous report. During tours to selected laundries, I again observed inmate workers properly disinfecting laundry bins before clean laundry was placed in them.

Monitor's Recommendations:

1. No further recommendations.

84. Sanitary Laundry Procedures

- e. CCDOC shall require inmates to provide all clothing and linens for laundering and prohibit inmates from washing and drying laundry outside the formal procedures.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

General Order 24.11.3.0 specifically prohibits inmates from washing and drying clothing, towels, or linen other than through the designated CCDOC laundry. Further as discussed in Provision 84.a, living unit officers are required to confiscate any clothing or linen items being washed and replace them with clean dry clothing and/or linen. Inmate's uniform, personal clothing, linens and blankets are collected twice each week in each housing unit in every division as prominently posted in the unit.

Use of the CCDOC laundry system for uniforms, towels, linens, and blankets is for the most part universally accepted and practiced. There continue to be some inmates, who because of past culture continue to refuse to exchange even though CCDOC has posted easy to understand posters, schedules, and shown videos on televisions. CCDOC provides laundry loops for inmate personal clothing and assists inmates in their correct use to help assure that their clothing will not get lost. Personal laundry is returned to the inmate typically on the same shift of the same day it was collected. CCDOC has also removed laundry soap from the commissary order form to preclude inmates from doing their own laundry... As discussed in 84.a, CCDOC continues to monitor by weight the amount of personals submitted.

Monitor's Assessment:

The trend reports for measuring laundry use for personal laundry by inmates that provided during this tour clearly demonstrate continual significant improvement in inmate's use of the laundry for personal laundry. During tours of housing units, I continue to see less inmate personal clothing drying on bunks or in the showers. I observed in all divisions I visited on this tour and on the previous tour that in the same division most living unit officers are enforcing the policy. The culture is clearly changing for both the inmates and the officers. Sergeants and Lieutenants must continue to be vigilant in assuring housing unit officers are following the policy. I do not believe that CCDOC can ever get 100% compliance, but reports continue to demonstrate significant improvement over time.

Monitor's Recommendations:

1. Continue to regularly monitor and track the use of the laundry and as discussed above include a discussion and expectations as regular agenda topic at Divisional Superintendent's accountability meetings. Division Superintendents must be responsible and accountable to continue reinforcing use of the laundry within their divisions.
2. Revise the inmate video on the established laundry process that explains the process for uniforms, linens, and personal laundry. The video can show that the schedule for inmate laundry pick-up is posted in each housing unit.
3. The inmate handbook and laundry policy, when finalized, needs to include the current rules and expectations that clearly state that washing and drying personal laundry and linens outside of the CCDOC laundry procedures is expressly prohibited and explain the public health reasons for it.

85. Food Service

- a. CCDOC shall ensure that all food service at the Facility is operated in a safe and hygienic manner and that foods are served and maintained at safe temperatures.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

CCDOC provides meals to inmates through the use of a contracted service through two kitchens located in Division V and Division XI. CBM Premier Management continues to provide food service for CCDOC inmates as started in September, 2012. The Central Kitchen in Division V prepares and serves all cold breakfast and lunches for all divisions and the hot dinner for all divisions except Division XI. The Division XI kitchen is only used to prepare and serve the hot meal for that division. Equipment in both kitchens continues to be well maintained and operational. The two new steam cookers are expected to be operational once the steam permits are issued by the City of Chicago.

CCDOC provides one hot meal and two cold meals each day, as required by the State of Illinois Department of Corrections. The meals are based on a menu that has been reviewed and approved as meeting the USDA dietary guidelines by a Registered Dietician. The menu follows a four week cycle that repeats. CBM, along with a review by Cermak and CCDOC, provide medical diets including dental soft, clear liquid; full liquid, food hypersensitivity/allergies; pregnancy, nutrition support, 2400 calorie diet, and renal diet. Medical diet meals are only provided, when prescribed by Cermak medical staff. Religious diet meals provided include Kosher and Vegan. Religious meals may be ordered by CCDOC or social worker. Detainees receiving medical and religious diet meals have limitations in the selection of commissary foods they may purchase based on their medical or religious beliefs.

CBM maintains responsibility for sanitation and maintenance of all equipment. They have two maintenance technicians who work on a schedule that allows for weekend coverage as needed. Area and equipment cleaning and sanitation are done by inmate workers who are trained and supervised by CBM employees and CCDOC security staff.

CCDOC, along with CBM, continue to assess and make improvements to reduce the delivery time of transporting the food from the Central Kitchen to all divisions to assure that inmates receive safe hot food and cold food. When CCDOC reduced the number of medical and religious diet options, the time to sort meals once they are received in the divisions improved considerably. CCDOC Sanitarians regularly monitor and record food temperatures at the time of delivery to compare it with recorded temperatures taken as the food is placed in trays in the kitchens. As a result, the number of inmate grievances regarding temperature of hot meals has reduced to less than one per month. CCDOC Sanitarians, kitchen security officers and Superintendent Sean Julian meet weekly with CBM to review any grievances and address both operational and logistic issues. A meeting summary is produced following each meeting. It includes a running list of outstanding issues including resolutions.

CBM regularly measures and records food temperatures as food is placed in trays and as it leaves the kitchen to the divisions. Division staff also record food temperatures at delivery to the inmates.

Tool control in the kitchen is maintained by CCDOC security staff for kitchen sharps that have an edge or point such as dough cutters, probe thermometers, knives, etc. and by the contractor for kitchen utensils. All tools, along with all chemicals are routinely inventoried daily and there is a sign in/sign out log maintained in the control room for each kitchen.

CCDOC Sanitarians conduct unannounced inspections of both food service operations to assure that meals prepared are safe and that they are operated in accordance with Illinois Food Code regulations. They also review the regulatory inspections of both kitchens completed by the City of Chicago Health Department and meet with CBM to assure corrective actions are taken for all violations identified.

Monitor's Assessment:

CBM has and continues to work closely with CCDOC Support Services staff to identify and resolve issues related to food service. On this tour, monitors heard numerous complaints from inmates about food quality and the lack of variety. The quality and variety complaints, while not part of the consent agreement have increased significantly since the previous visit. CCDOC and CBM should take these complaints seriously and initiate dialogue with inmates and staff as a basis for making necessary changes. As recommended in past tours, it may be beneficial to establish and maintain open communications between inmates from the divisions, along with CCDOC corrections staff.

CBM provide cold meals on reusable trays and eliminated Styrofoam trays which inmates would save and use to block air vents. Trays are collected following each meal service and returned to the kitchen for washing and sanitizing. Separate reusable compartmented style trays are used for serving the hot meal. CBM has developed and implemented documented employee and inmate worker training programs, their internal inspection program, temperature monitoring program, formal staffing plans for employees and detainee workers, weekly cleaning schedules, a number of Standard Operating Procedures (SOPs), security standard and procedures, inmate kitchen worker orientation checklist, health screening, emergency evacuation plan in compliance with the fire safety committee, and an emergency food service contingency plan.

ON this tour I again noted that both kitchens including storage rooms, refrigerators, freezers, loading docks were maintained clean and well organized. Inmates were appropriately supervised and working efficiently. At the time of my visit, the inmate workers were loading trays for the dinner meal and also preparing and packaging the next day's cold breakfast.

This provision continues to be in substantial compliance.

Monitor's Recommendations:

1. No further recommendations pertaining to the provision. However, investigate inmate complaints about food quality and variety and implement improvements to both.

85. Food Service

b. CCDOC shall ensure that all food service staff, including inmate staff, must be trained in food service operations, safe food handling procedures, and appropriate sanitation.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

All CBM management employees are Certified Food Safety Managers through the accredited Serv-Safe program and documentation is maintained showing that "Food Manager Certification" certificates that are current. CBM has established written job descriptions for all employee positions that include responsibilities and tasks. CBM provides regular training to inmates using a check list that is signed by CBM staff and the inmate kitchen worker demonstrating that they have received and understand the food safety training pertaining to their assigned responsibilities. CCDOC Sanitarians developed an inmate training video that addresses health issues and personal hygiene that is shown to all potential inmate workers before they are assigned to work in the kitchens.

Monitor's Assessment:

There is no change since the previous report. The State of Illinois requires food service managers to successfully complete a "State" approved food manager certification program. CBM posts the Serv-Safe Food Manager Certification Certificates for those employees who have successfully completed the training in the employee break room.

This provision remains in substantial compliance.

Monitor's Recommendations:

1. No further recommendations.

85. Food Service

c. CCDOC shall ensure that the Central Kitchen and Division XI kitchen are staffed with a sufficient number of appropriately supervised and trained personnel.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

CBM maintains a staff of 57 full or part time employees with schedules to assure adequate coverage for all meals daily and including weekdays. They have a written food service staffing guide that outlines the starting and ending times for all employees. The kitchen operates two shifts, as cold meals are prepared in advance of their serving, and maintained refrigerated as necessary. Additionally they utilize approximately 230 detainees scheduled over three, six to eight hour shifts just in the central kitchen to work in a variety of food service operations including preparation, filling meal trays, sanitation, warewashing, etc. Division XI inmate workers from that Division are assigned to work in that Division's kitchen to prepare and tray only the dinner hot meal. The contractor is responsible for training and supervising their employees and the inmate workers assigned to the kitchen. CCDOC provides inmate workers as needed. They also provide security officers for safety supervision of inmates and for tool control and staff to transport and serve the prepared meals to all divisions delivered either by transport truck or by carts utilizing the tunnels. CCDOC provides the security training of kitchen staff.

Monitor's Assessment:

There is no change from the previous report. My assessment including discussions with Support Services Superintendent and the Sanitarians demonstrated that CBM continues to maintain adequate number of qualified, trained and workforce at all times to assure timely preparation and service of meals to detainees. Regular weekly meetings between CCDOC Support Division including the staff sanitarians, security staff, CCDOC management and CBM leadership include discussions of adequate staffing as well as other issues. As reported in previous reports, CCDOC provides sufficient staff to adequately supervise the safety and security of inmates assigned to work in both kitchens and provide effective tool control. The provision remains in substantial compliance.

Monitor's Recommendations:

1. No further recommendations.

85. Food Service

D. CCDOC shall ensure that dishes and utensils, food preparation and storage areas, and vehicles and containers used to transport food are appropriately cleaned and sanitized.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

Status Update:

Equipment, utensils, and food preparation rooms, floors, walls, are maintained clean through shift and daily cleaning schedules established by CBM. They have created and implemented written cleaning procedures for all equipment in accordance with the equipment manufacturer's specifications and a cleaning checklist/log for both kitchens along with a daily and weekly cleaning schedule for each room and the equipment in the kitchens such as the meat/packing room, wet room, bakery/packing room, dock, dry storage areas. It identifies what is to be cleaned, the frequency for cleaning and who is responsible for the cleaning. CBM trains, uses, and supervises inmate workers to clean and sanitize all areas identified on the cleaning schedule. Once completed, the supervisor initials the log and the records are maintained and are available for the Sanitarians to review during their inspections. The trays used for all meals are washed and sanitized after each meal and the cleaned trays are stored on appropriately designed racks that allow water to drain and the trays to dry between uses.

Monitor's Assessment:

There is no change from the previous report. CBM continues to maintain all food service areas, equipment and utensils exceptionally clean. The kitchens are maintained as a model for institutional food service facilities. This includes walk-in refrigerators, freezers, dry storage areas, food preparation and assembly rooms, warewashing, carts used to transport food to the divisions, offices and laundry. Both inmate workers and employees understand the expectation for cleanliness and disinfection of surfaces. Management and supervisors expect and demand excellence from employees and inmate workers. Inmate workers are quickly replaced when they do not perform to expectations.

This provision remains in substantial compliance.

Monitor's Recommendations:

1. No further recommendations.

85. Food Service

e. CCDOC shall check and record, on a regular basis, the temperatures in the refrigerators, coolers, walk-in-refrigerators, the dishwasher water, and all other kitchen equipment with temperature monitors to ensure proper maintenance of food service equipment.

April, 2015 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**Status Update:**

The temperature monitoring and recording program implemented by CBM and monitored regularly by CCDOC Sanitarians demonstrates that this provision remains in substantial compliance. CBM has implemented an appropriate monitoring program to measure, record, and maintains logs for all refrigerators, freezers, and warewasher equipment. Logs of the temperature measurements are not only reviewed by CBM management, but also provided to the CCDOC Sanitarians weekly. Any required

maintenance deemed necessary as a result of monitoring is completed by trained CBM maintenance workers. CCDOC Support Services Sanitarians, as well as regulatory inspectors continue to do independent monitoring of temperatures during their routine during unannounced inspections of both kitchens.

Monitor's Assessment:

There is no change from the previous report. I again reviewed temperature logs for several refrigerators and freezers in the central kitchen during this tour. The monitoring logs were current, legible and reviewed by management.

This provision remains in substantial compliance.

Monitor's Recommendations:

1. No further recommendations.